

State of Hawai`i  
Department of Health  
Communicable Disease Division  
STD/AIDS Prevention Branch

**RFP No. HTH-121-2-C**  
**Complementary HIV Prevention Services**

October 12, 2004

Note: If this RFP was downloaded from the State Procurement Office RFP Website each applicant must provide contact information to the RFP contact person for this RFP to be notified of any changes. For your convenience, an [RFP Interest form](#) may be downloaded to your computer, completed and e-mailed or mailed to the RFP contact person. The State shall not be responsible for any missing addenda, attachments or other information regarding the RFP if a proposal is submitted from an incomplete RFP.

October 12, 2004

## **REQUEST FOR PROPOSALS**

### **COMPLEMENTARY HIV PREVENTION SERVICES RFP No. HTH-121-2-C**

The Department of Health, Communicable Disease Division, STD/AIDS Prevention Branch, is requesting proposals from qualified applicants to provide HIV prevention services to individuals at risk for transmitting or contracting HIV. The contract term will be from July 1, 2005 through June 30, 2006. Multiple contracts may be awarded under this request for proposals.

Proposals shall be mailed and postmarked by the United State Postal Service on or before January 14, 2005, or hand delivered no later than 4:30 p.m., Hawai'i Standard Time (HST), on January 14, 2005, at the drop-off sites designated on the Proposal Mail-in and Delivery Information Sheet. Proposals postmarked or hand delivered after the submittal deadline shall be considered late and rejected. There are no exceptions to this requirement.

The STD/AIDS Prevention Branch will conduct an orientation on November 16, 2004 at 9:30 a.m. in room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu. All prospective applicants are encouraged to attend the orientation.

The deadline for submission of written questions is 4:30 p.m. HST on December 3, 2004. All written questions will receive a written response from the State on or about December 10, 2004.

Inquiries regarding this RFP should be directed to the RFP contact persons, Mr. Timothy McCormick at 3627 Kilauea Avenue #304, Honolulu, Hawai'i 96816, telephone: (808) 733-9281, fax: (808) 733-9291, e-mail: [tjmccorm@camhmis.health.state.hi.us](mailto:tjmccorm@camhmis.health.state.hi.us); or Mr. Ray Higa at 3627 Kilauea Avenue #306, Honolulu, Hawai'i 96816, telephone: (808) 733-9010, fax: (808) 733-9015, e-mail: [higa@lava.net](mailto:higa@lava.net).

# PROPOSAL MAIL-IN AND DELIVERY INFORMATION SHEET

**NUMBER OF COPIES TO BE SUBMITTED: One original and four copies**

**ALL MAIL-INS MUST BE POSTMARKED BY THE USPS BEFORE 12:00 MIDNIGHT,  
January 14, 2005**

**All Mail-ins**

Department of Health  
Administrative Services Office  
P.O. Box 3378  
Honolulu, HI 96801-3378

**DOH RFP Coordinator**

Valerie K. Ako  
For further info or inquiries  
Phone: (808) 586-4556  
Fax: (808) 586-4649

**ALL HAND DELIVERIES WILL BE ACCEPTED AT THE FOLLOWING SITES UNTIL 4:30 P.M.,  
January 14, 2005**

**Drop-off Sites**

For applicants located on **Oahu**:

Department of Health  
Administrative Services Office  
Room 310, Kinau Hale  
1250 Punchbowl Street  
Honolulu, HI 96313

For applicants located in **East Hawaii**:

Department of Health  
Hawaii District Health Office  
State Office Building, Room 105  
75 Aupuni Street  
Hilo, Hawaii  
Attn: DOH Administrative Services Office

For applicants located in **West Hawaii**:

Department of Health  
Hawaii District Health Office at Kona  
Kealahou Business Plaza, Room 103  
81-980 Halekii Street  
Kealahou, Hawaii  
Attn: DOH Administrative Services Office

For applicants located on **Kauai**:

Department of Health  
Kauai District Health Office  
Lihue Health Center  
3040 Umi Street  
Lihue, Kauai  
Attn: DOH Administrative Services Office

For applicants located on **Maui**:

Department of Health  
Maui District Health Office  
State Office Building, 3<sup>rd</sup> Floor  
54 High Street  
Wailuku, Maui  
Attn: DOH Administrative Services Office

**BE ADVISED:** All mail-ins postmarked USPS after 12:00 midnight, January 14, 2005, will not be accepted for review and will be returned.

**Hand deliveries will not be accepted after 4:30 p.m., January 14, 2005.**

**Deliveries by private mail services, such as FedEx or UPS, shall be considered hand deliveries, and will not be accepted if received after 4:30 p.m., January 14, 2005.**

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# **Section 1**

## **Administrative Overview**

# Section 1

## Administrative Overview

**Applicants are encouraged to read each section of the RFP thoroughly. While sections such as the administrative overview may appear similar among RFPs, state purchasing agencies may add additional information as applicable. It is the responsibility of the applicant to understand the requirements of *each* RFP.**

### I. Authority

This RFP is issued under the provisions of the Hawai'i Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

### II. RFP Organization

This RFP is organized into five sections:

***Section 1, Administrative Overview***--Provides applicants with an overview of the procurement process.

***Section 2, Service Specifications***--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

***Section 3, Proposal Application Instructions***--Describes the required format and content for the proposal application.

***Section 4, Proposal Evaluation***--Describes how proposals will be evaluated by the state purchasing agency.

***Section 5, Attachments*** --Provides applicants with information and forms necessary to complete the application.

### III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch



Department of Health  
 State of Hawai'i  
 3627 Kilauea Avenue, Room 306  
 Honolulu, HI 96816  
 Telephone: (808) 733-9010; Fax: (808) 733-9015

#### IV. Procurement Timetable

**Note that the procurement timetable represents the State's best estimated schedule. Contract start dates may be subject to the issuance of a notice to proceed.**

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	October 12, 2004
Distribution of RFP	October 12, 2004
RFP orientation session	November 16, 2004
Closing date for submission of written questions for written responses	December 3, 2004
State purchasing agency's response to applicants' written questions	December 10, 2004
Discussions with applicant prior to proposal submittal deadline (optional)	December 3, 2004
Proposal submittal deadline	January 14, 2005
Discussions with applicant after proposal submittal deadline (optional)	January-April 2005
Final revised proposals (optional)	January-April 2005
Proposal evaluation period	January-April 2005
Provider selection	March-April 2005
Notice of statement of findings and decision	March-April 2005
Contract start date	July 1, 2005

#### V. Orientation

An orientation for applicants in reference to the request for proposals will be held as follows: November 16, 2004, at 9:30 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawai'i. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Ray Higa at (808) 733-9010.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the state purchasing agency's discretion. However, answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing. To ensure a written response, any oral questions should be submitted in writing following the close of the orientation, but no later than

4:30 p.m. H.S.T., on December 3, 2004, in order to generate written state purchasing agency response.

## VI. Submission of Questions

Applicants may submit questions to the RFP Contact Person(s) identified in Section 2 of this RFP. All written questions will receive a written response from the state purchasing agency. Deadline for submission of written questions is **December 3, 2004**. All written questions will receive a written response from the state purchasing agency. State agency responses to applicant written questions will be provided by **December 10, 2004**.

## VII. Submission of Proposals

**A. Forms/Formats** - Forms, with the exception of program specific requirements, may be found on the State Procurement Office website at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Procurement of Health and Human Services* and *For Private Providers*. Refer to the Proposal Application Checklist for the location of program specific forms.

1. **Proposal Application Identification (Form SPO-H-200)** - Provides identification of the proposal.
2. **Proposal Application Checklist** – Provides applicants with information on where to obtain the required forms; information on program specific requirements; which forms are required and the order in which all components should be assembled and submitted to the state purchasing agency.
3. **Table of Contents** - A sample table of contents for proposals is located in Section 5, Attachments. This is a sample and meant as a guide. The table of contents may vary depending on the RFP.
4. **Proposal Application (Form SPO-H-200A)** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the Proposal Application Instructions, including a cost proposal/budget if required. (Refer to Section 3 of this RFP.)
5. **Registration Form (SPO-H-100A)** – If applicant is not registered with the State Procurement Office (business status), this form must be submitted with the application. If applicant is unsure as to their registration status, they may check the State Procurement Office website at: [www.spo.hawaii.gov](http://www.spo.hawaii.gov), click *Procurement of Health and Human Services*, and *For*

*Private Providers and Provider Lists...The List of Registered Private Providers for Use with the Competitive Method of Procurement* or call the State Procurement Office at (808) 587-4706.

- 6. Tax Clearance** – A certified copy of a current valid tax clearance certificate issued by the State of Hawai'i, Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) will be required either at the time of proposal submittal or upon notice of award at the discretion of the purchasing agency.

Refer to Section 4, item III.A.1, Administrative Requirements, and the Proposal Application Checklist to see if the tax clearance is required at time of proposal submittal. The tax clearance application may be obtained from the Department of Taxation website at [www.hawaii.gov/tax/tax.html](http://www.hawaii.gov/tax/tax.html).

- B. Program Specific Requirements** - Additional program specific requirements are included in Sections 2 and/or 3, Service Specifications and the Proposal Application Instructions, as applicable. If Federal and/or State certifications are required, they are listed on the Proposal Application Checklist.
- C. Multiple or Alternate Proposals** - Multiple or alternate proposals shall not be accepted unless specifically provided for in Section 2 of this RFP. In the event alternate proposals are not accepted and an applicant submits alternate proposals, but clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.
- D. Proposal Submittal** - Proposals must be postmarked by USPS or hand delivered by the date and time designated on the Proposal Mail-In and Delivery Information Sheet attached to this RFP. Any proposal postmarked or received after the designated date and time shall be rejected. Note that postmarks must be by United States Postal Service or they will be considered hand-delivered and shall be rejected if late. The number of copies required is located on the Proposal Mail-In and Delivery Information Sheet.

One original and four (4) copies of the proposal are required. Proposals must be postmarked before 12:00 midnight, January 14, 2005, or delivered to the designated drop-off sites by 4:30 p.m., January 14, 2005. Any proposal postmarked or received after the designated date and time shall be rejected. Faxed proposals or proposals transmitted by e-mail are **not** acceptable.

- E. Wages and Labor Law Compliance** - Before a provider enters into a service contract in excess of \$25,000, the provider shall certify that it complies with section 103-55, HRS, Wages, hours, and working conditions of employees of contractors performing services. Section 103-55, HRS may be obtained from the Hawai'i State Legislature website at [www.capitol.hawaii.gov](http://www.capitol.hawaii.gov). Or go directly to: [www.capitol.hawaii.gov/hrscurrent/Vol02\\_Ch0046-0115/HRS0103/HRS\\_0103-0055.htm](http://www.capitol.hawaii.gov/hrscurrent/Vol02_Ch0046-0115/HRS0103/HRS_0103-0055.htm)
- F. Confidential Information** – If an applicant believes any portion of a proposal contains information that should be withheld as confidential, the applicant shall request in writing nondisclosure of designated proprietary data to be confidential and provide justification to support confidentiality. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal to facilitate eventual public inspection of the non-confidential sections of the proposal.

**Note that price is not considered confidential and will not be withheld.**

## **VIII. Discussions with Applicants**

- A. Prior to Submittal Deadline.** Discussions may be conducted with potential applicants to promote understanding of the purchasing agency's requirements.
- B. After Proposal Submittal Deadline** - Discussions may be conducted with applicants whose proposals are determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance section 3-143-403, HAR.

## **IX. Opening of Proposals**

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped, and when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

## **X. Additional Materials and Documentation**

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

## **XI. RFP Amendments**

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

## **XII. Final Revised Proposals**

The applicant's final revised proposal, *as applicable* to this RFP, must be postmarked or hand delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time shall be rejected. If a final revised proposal is not submitted, the previous submittal shall be construed as their best and final offer/proposal. *The applicant shall submit **only** the section(s) of the proposal that are amended, along with the Proposal Application Identification Form (SPO-H-200).* After final revised proposals are received, final evaluations will be conducted for an award.

## **XIII. Cancellation of Request for Proposal**

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

## **XIV. Costs for Proposal Preparation**

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

## **XV. Provider Participation in Planning**

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-202, 3-142-203 and 3-143-618 of the Hawai'i Administrative Rules for Chapter 103F, HRS.

## **XVI. Rejection of Proposals**

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawai'i Administrative Rules for Chapter 103F, HRS, are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201, HAR)
- (2) Rejection for inadequate accounting system. (Section 3-141-202, HAR)
- (3) Late proposals (Section 3-143-603, HAR)
- (4) Inadequate response to request for proposals (Section 3-143-609, HAR)
- (5) Proposal not responsive (Section 3-143-610 (1), HAR)
- (6) Applicant not responsible (Section 3-143-610 (2), HAR)

## **XVII. Notice of Award**

A statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

Any agreement arising out of this solicitation is subject to the approval of the Department of the Attorney General as to form, and to all further approvals, including the approval of the Governor, required by statute, regulation, rule, order or other directive.

No work is to be undertaken by the awardee prior to the contract commencement date. The State of Hawai'i is not liable for any costs incurred prior to the official starting date.

## **XVIII. Protests**

Any applicant may file a protest against the awarding of the contract. The Notice of Protest form, SPO-H-801, is available on the SPO website (see the Proposal Application Checklist in Section 5 of this RFP. Only the following matters may be protested:

- (1) A state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawai'i Revised Statutes;
- (2) A state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawai'i Revised Statutes; and
- (3) A state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

The Notice of Protest shall be mailed by USPS or hand delivered to the head of the state purchasing agency conducting the protested procurement and the procurement officer who is conducting the procurement (as indicated below) within five working days of the postmark of the Notice of Findings and Decision sent to the protestor. Delivery services other than USPS shall be considered hand deliveries and considered submitted on the date of actual receipt by the state purchasing agency.

**Head of State Purchasing Agency**

Name: Chiyome Leinaala Fukino, M.D.

Title: Director of Health

Mailing Address: P.O. Box 3378, Honolulu, HI 96801

Business Address: 1250 Punchbowl Street, Honolulu, HI

**Procurement Officer**

Name: Ann Kinningham

Title: Chief, Administrative Services Office

Mailing Address: P.O. Box 3378, Honolulu, HI 96801

Business Address: 1250 Punchbowl Street, Honolulu, HI

**XIX. Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allotments made by the Director of Finance, State of Hawai'i, pursuant to Chapter 37, HRS, and subject to the availability of State and/or Federal funds.

**XX. Monitoring and Evaluation**

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance Measures
- (2) Quality of Services
- (3) Financial Management

(4) Administrative Requirements

**XXI. General and Special Conditions of Contract**

The general conditions that will be imposed contractually are on the SPO website. (See Section 5, Proposal Application Checklist for the address). Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

**XXII. Cost Principles**

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201 which is available on the SPO website (see section 5, the Proposal Application Checklist). Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.



## **Section 2**

# **Service Specifications**

## Section 2

### Service Specifications

#### I. Introduction

##### A. Overview, purpose or need

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai'i State Department of Health is to empower people in Hawai'i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV/STD services provided by the Hawai'i State Department of Health or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

The purpose of this procurement is to secure HIV/STD prevention services that will reduce the transmission of HIV.

##### B. Description of the goals of the service

Increase knowledge of serostatus and reduce the frequency of HIV risk behaviors among members of one or more of the indicated populations, in one or more parts of the state.

##### C. Description of the target population to be served

Through this RFP the STATE seeks the provision of services to one or more of the populations prioritized by the Hawai'i State HIV Prevention Community Planning Group (CPG) in the 2004 Update to the Comprehensive HIV Prevention Plan for Hawai'i ("The Plan"). The Plan identifies six populations prioritized for HIV prevention services.

##### 1. Priority Populations

In order of priority, the priority populations are:

- a. **Persons living with HIV** at risk for transmitting HIV. Services to this population aim to reduce new HIV infections primarily by assisting individuals in reducing their risk of transmitting HIV to others.

- b. **Men who have sex with men and inject drugs (MSM/IDU).** The prioritization of MSM/IDU as the second highest priority population reflects that while this is a small population, their HIV risk is extremely high and intensive prevention services are appropriate.
- c. **Men who have sex with men (MSM).** MSM represent the majority of persons living with HIV in the State. This priority population includes both adult and young MSM, and men who identify themselves as gay or bisexual, as well as MSM who do not identify as gay or bisexual.
- d. **Injecting drug users (IDU).** This includes male, female and transgender IDU of all ages. Despite rates considered low by national standards, IDU in Hawai'i have been significantly impacted by HIV and the sharing of drug injection equipment remains a risk for HIV.
- e. **Transgender individuals (TG) at risk.** For the purposes of these services, TG is used to refer to individuals who were born biologically male and do not currently identify themselves as male, also referred to as male to female (MTF) TG. This priority population includes both adult and young TG.
- f. **Women at risk.** This includes both young and adult women. Women at highest risk for contracting or transmitting HIV are considered to be those women who inject drugs; exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU.

## 2. Sub-Populations

The Plan identifies sub-populations that exist within and across the priority populations. The Plan does not prioritize sub-populations relative to each other. In alphabetical order, the identified sub-populations are:

- a. the homeless;
- b. individuals in the military;
- c. individual in prison, on probation or on parole;
- d. individuals in rural areas;
- e. individuals in urban areas;
- f. men who have sex with men and women;
- g. the mentally ill;
- h. races/ethnicities (African American; Asian; Caucasian; Latino; Native American; Native Hawaiian; and Pacific Islander);
- i. sex industry workers;
- j. substance users; and
- k. youth.

Applicants may propose to serve individuals from one or more of the priority populations by targeting one or more identified sub-populations. A justification based on need must be provided.

### **3. Individuals at Risk for Transmitting or Contracting HIV**

Services are to be provided only to individuals who are at risk for contracting or transmitting HIV. Services must prioritize individuals who are engaging in behaviors with the greatest risk for contracting or transmitting HIV.

Behaviors understood to place individuals at highest risk for contracting or transmitting HIV are:

- a. vaginal or anal sex, without the proper use of a condom, with an individual of opposite serostatus, or with an individual of unknown serostatus when one of the individuals is at high risk for HIV (he/she is MSM, IDU, TG, or has other partners who are HIV-positive or are members of those groups);
- b. sharing drug injection equipment; and
- c. vaginal sex without the proper use of a condom, between two HIV-positive individuals when there is the possibility of pregnancy.

#### **D. Geographic coverage of service**

Hawai`i, Maui, O`ahu, Kaua`i, and/or Statewide

#### **E. Probable funding amounts, source, and period of availability**

Probably funding:	\$90,000 each fiscal year (pending legislative appropriations and the availability of funds.)
Funding level:	Funding will support up to three projects each with a funding level of up to \$30,000 per fiscal year.
Source of funds:	State
Availability:	7/1/05-6/30/06 with an extension possible for 7/1/06 to 6/30/07

## **II. General Requirements**

### **A. Specific qualifications or requirements, including but not limited to licensure or accreditation**

None

**B. Secondary purchaser participation**

(Refer to §3-143-608, HAR)

After-the-fact secondary purchases will be allowed.Planned secondary purchases: None**C. Multiple or alternate proposals**

(Refer to §3-143-605, HAR)

☒ Allowed ☐ Unallowed

Multiple or alternate proposals must be submitted as physically separate proposals.

**D. Single or multiple contracts to be awarded**

(Refer to §3-143-206, HAR)

☐ Single ☐ Multiple ☒ Single & Multiple

Criteria for multiple awards: Pending availability of funding, three projects will be funded each with a funding level of up to \$30,000 per fiscal year. The three highest scoring acceptable proposals will be funded. Multiple awards to a single applicant shall be combined into a single contract.

**E. Single or multi-term contracts to be awarded**

(Refer to §3-149-302, HAR)

☒ Single term ( $\leq 2$  yrs) ☐ Multi-term ( $> 2$  yrs.)

Contract terms:

Initial term of contract: 7/1/05-6/30/06

Length of each extension: twelve months

Number of extensions possible: one

Maximum length of contract: 24 months

The initial period shall commence on the contract start date or Notice to Proceed, whichever is later.

Conditions for extension: extension must be in writing and must be executed prior to expiration of the initial contract term.

**F. RFP contact person**

The individuals listed below are the sole point of contact from the date of release of this RFP until the selection of the successful provider or providers. Written questions should be submitted to the RFP contact person and received on or before the day and time specified in Section I, Item IV (Procurement Timetable) of this RFP.

Mr. Timothy McCormick: (808) 733-9281,  
[tjmccorm@camhmis.health.state.hi.us](mailto:tjmccorm@camhmis.health.state.hi.us); or  
 Mr. Ray Higa: (808) 733-9010, [higa@lava.net](mailto:higa@lava.net)  
 STD/AIDS Prevention Branch  
 State of Hawai'i Department of Health  
 3627 Kilauea Avenue, Room #306  
 Honolulu, HI 96816

### III. Scope of Work

The scope of work encompasses the following tasks and responsibilities:

#### A. Service Activities

(Minimum and/or mandatory tasks and responsibilities)

The STATE seeks HIV preventions services that are consistent with the recommendations made by CPG in the Plan. The Plan prioritizes interventions for each priority population as “critical”; “important”; or “less important/not applicable.” The highest priority interventions, those identified as critical, are being sought through other RFPs (RFPs for “Core Services”). Through this RFP for “Complementary Services,” the STATE seeks the provision of services that represent one or more of the interventions prioritized in the Plan as **important** (See *Attachment G* for a list of interventions identified in the Plan as *critical* for each particular priority populations).

#### 1. INTERVENTIONS BY PRIORITY POPULATION

The following interventions are those that are prioritized in the Plan as important for each of the indicated priority populations and are supported by this RFP. Prioritization for Neighbor Islands and O`ahu is the same except where noted

##### a. Interventions for HIV Infected Persons

i. Group-level interventions (*O`ahu only*).

##### b. Interventions for MSM/IDU

No interventions were identified as important for MSM/IDU; all interventions were identified as either critical or less important/not applicable. As such, this RFP does not support any interventions targeted exclusively to MSM/IDU. Applicant may still propose to serve MSM/IDU as a part of services provided to HIV infected persons, MSM and/or to IDU.

##### c. Interventions for MSM

- i. HIV Prevention Case Management for MSM who are substance users or dually diagnosed;
- ii. Individual-level interventions (*Neighbor Islands only*);
- iii. Group-level interventions;
- iv. Health Communication / Public Information; and
- v. Community-level Interventions.

**d. Interventions for IDU**

- i. Group-level interventions; and
- ii. HIV Prevention Case Management for IDU who are incarcerated, dually diagnosed, or homeless.

**e. Interventions for TG at Risk**

- i. HIV Prevention Case Management;
- ii. Group-level interventions; and
- iii. Community-level Interventions.

**f. Interventions for Women at Risk**

- i. Group-level interventions;
- ii. Health Communication / Public Information in rural areas; and
- iii. HIV Prevention Case Management.

## **2. DESCRIPTIONS OF INTERVENTIONS**

The fundamental elements of each intervention remain the same regardless of the priority population targeted.

**a. Individual-level Interventions (ILI)**

ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least 3 sessions. Each session should last between 30 and 90 minutes. The intervention includes a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her risk for contracting or transmitting HIV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For individuals in ILI who are unsure of their serostatus, the importance of learning one's status should be emphasized, and high priority should be placed on encouraging and supporting these individuals to access CTR. Individuals in

these ILI who learn that they are HIV infected must be seamlessly linked to P4P services funded through the Core Services contracts. This RFP supports ILI to:

- i. MSM on neighbor islands who are HIV negative or unsure of their status.

**b. HIV Prevention Case Management (PCM)**

Some individuals face considerable barriers to reducing their risk for contracting or transmitting HIV, and their risk behavior cannot be changed through the risk assessment, counseling, encouragement, and skills-building that occur during ILI. These individuals may be able to reduce their risk through participation in a PCM intervention. PCM programs are required to have a written program protocol. PCM is a multiple session intervention which includes substance abuse and/or mental health counseling services and requires the availability of staff with appropriate clinical skills to provide these services. In addition, an effective PCM program often depends upon the availability of resources in the community to address mental health and substance abuse counseling needs. For individuals in PCM who are unsure of their serostatus, the importance of learning one's status should be emphasized, and high priority should be placed on encouraging and supporting these individuals to access CTR. Individuals in PCM who learn that they are HIV infected must be seamlessly linked to P4P services funded through the Core Services contracts. During a PCM intervention, issues such as substance misuse, mental health, housing, and medical services are often addressed when they create barriers to HIV risk reduction. The focus and intent of the intervention, however, must always be reducing HIV risk behavior. PCM is a more resource intensive intervention than ILI, and as such should be implemented only with clients who are not able to reduce their risk through ILI, and whose HIV risk is likely to be reduced through PCM. **An agency will only be permitted to provide PCM if it has a written program protocol, staff with appropriate clinical skills are available or can be hired, and the services will be coordinated with the SAPB's Core Services contractor(s).** This RFP supports PCM to *high risk* individuals who are *HIV-negative* or whose *HIV status is unknown* and who are members of the following groups:

- i. substance using or dually diagnosed MSM;
- ii. IDU who are incarcerated, dually diagnosed, or homeless;
- iii. TG at risk; and/or
- iv. women who inject drugs; exchange sex for money or drugs;



engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV-positive, MSM, or IDU.

**c. Group-level Interventions (GLI)**

GLI aim to change individuals' behaviors in group settings. GLI is a multiple session intervention that includes risk reduction information and skills building components. In GLI, interaction takes place not only between individual participants and the provider, but also among participants. This RFP supports GLI to:

- i. MSM;
- ii. IDU;
- iii. TG at risk;
- iv. Women at risk; and/or
- v. Persons on O`ahu living with HIV.

**d. Health Communication / Public Information (HC/PI)**

HC/PI involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support for safer behaviors, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment, such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. HC/PI activities include print media (fliers, brochures, newspaper, posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures. This RFP supports HC/PI to:

- i. MSM; and/or
- ii. women at risk.

**e. Community-level Interventions (CLI)**

CLI are designed to reach a defined community rather than an individual. "Community" in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change

attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. CLI involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention. This RFP supports CLI to:

- i. MSM; and/or
- ii. TG at risk.

### **3. LINKAGE TO HIV ANTIBODY COUNSELING, TESTING AND REFERRAL SERVICES (CTR)**

It is critical that individuals who are HIV infected learn their HIV status. Individuals who find out that they are HIV infected can access medical interventions to maintain their health, and can take steps to reduce their risk of transmitting HIV to others. Individuals with current high risk behavior who do not test HIV positive can be supported in retesting at appropriate intervals, and can be provided with assistance in changing their current high-risk behaviors. Linkage to CTR should be an integral part of services proposed in response to this RFP.

### **4. INTEGRATION OF SEXUALLY TRANSMITTED DISEASE (STD) & VIRAL HEPATITIS SERVICES IN HIV PREVENTION**

#### **a. Sexually Transmitted Diseases (Syphilis, Gonorrhea & Chlamydia)**

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting other sexually transmitted infections. Screening for and treatment of syphilis, gonorrhea and chlamydia not only improve the health of those infected and prevent further spread of these diseases, but may also play a significant role in reducing the spread of HIV. Linkages to STD screening and treatment should be incorporated into HIV prevention efforts for appropriate clients. The SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

#### **b. Viral Hepatitis**

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting viral hepatitis.

Vaccinations for Hepatitis A and B are available and information about the availability of these vaccinations, and linkages to Hepatitis A and B screening and vaccinations should be incorporated into HIV prevention efforts for appropriate clients. Information on Hepatitis C, as well and linkages to Hepatitis C screening and treatment should be incorporated into HIV prevention for appropriate clients. The SAPB Hepatitis Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into HIV prevention programs.

**B. Management Requirements (Minimum and/or mandatory requirements)**

**1. Personnel**

**a. Staffing**

A funding level of \$30,000 should support no less than 0.50 FTE prevention workers to conduct activities such as those related to ILI, GLI and CLI. PCM interventions and some HC/PI activities (e.g., media campaigns) may be more resource intensive and may therefore not permit staffing at this level. If the proposed staffing level for prevention workers is less than 0.50 FTE, the proposal must describe the resource requirements which limit the staffing level and provide a justification for the proposed staffing level.

**b. Staff Training and Development**

Applicant shall insure that:

- (1) **Evaluation requirements:** the contracted agency shall send representation to one SAPB evaluation training each year of the contract. Appropriate representation includes agency personnel involved with evaluation of prevention interventions (for example, the HIV Prevention Director). During periodic site visits, the Evaluation Specialist will meet with appropriate agency staff to discuss evaluation issues or conduct training on evaluation or data collection;
- (a) **Outreach Worker Meeting Requirements:** program staff shall participate fully in statewide outreach worker meetings related to the proposed population(s) to be served, including, as appropriate: P4P for persons living with HIV; Gay-MAP for MSM; T-CAC for TG at risk; WRAC for women at risk. P4P and Gay-MAP meet quarterly; T-CAC and WRAC meet biannually. Participation shall include attendance at each of the relevant outreach worker meetings by a minimum of one staff member who is prepared to represents the provider's program. Meetings

are held on O`ahu. Expenses related to staff time, inter-island and ground transportation for attendance at these meetings shall be the responsibility of the contracted agency and should be reflected in the proposed budget;

- (2) **AEQ Requirements:** all prevention workers working more than .5 FTE on this contract shall attend a minimum of three AIDS Educators Quarterly meetings. Prevention workers working .5 FTE or less shall attend a minimum of one AIDS Educators Quarterly meeting;
- (3) **New Staff Training Requirements:** new staff members shall receive initial training within sixty (60) days of employment. This training shall ensure that they:
  - (a) have correct factual knowledge of HIV, STDs and hepatitis, including:
    - i. history and epidemiology of the HIV epidemic
    - ii. biology of HIV
    - iii. modes of HIV transmission
    - iv. information on STDs
    - v. information on hepatitis A, B & C
    - vi. populations at risk for HIV
    - vii. utilizing theories of behavioral interventions
    - viii. treatment of HIV infection
    - ix. community resources statewide
    - x. HIV antibody counseling and testing sites statewide
  - (b) understand clearly the populations to be served under this contract
  - (c) understand the purposes of activities they will be implementing
  - (d) are oriented to behavioral interventions
  - (e) understand basic methods and uses of evaluation
  - (f) are familiar with the specific requirements of the contract

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency. Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports;
- (4) **Outreach Training and Support Requirements:** prevention workers shall receive appropriate training and support on an on-going basis. All training completed by staff shall be reported to the SAPB in the quarterly program reports. SAPB and SAPB contractors will provide, at no charge, various types of training and support to the staff of agencies contracted to provide HIV prevention services under this and other RFPs. All prevention workers working more than .5 FTE shall, over the course of the annual contract period and in addition to activities required above in items (1)-(3), attend a minimum of one training or support

activities approved by the SAPB.

## 2. Administrative

Applicant shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

- a. fiscal or accounting policies and procedures, or both;
- b. written personnel policies and procedures;
- c. written program policies and procedures;
- d. written policies required by applicable federal, state, or county laws; and
- e. client and employee grievance policies and procedures.

## 3. Quality assurance and evaluation specifications

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The applicant shall describe how it plans to evaluate its program and use that information internally for program. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 7.a Reporting Requirements for Program and Fiscal Data*.

Throughout the contract period, the contracted agency will also be required to:

- g. discuss any planned **outcomes monitoring** or **outcomes evaluation** activities with SAPB before implementation;
- h. submit any instruments used for **outcomes monitoring** or **outcomes evaluation** to SAPB for review;
- i. participate in any evaluation activities conducted by the SAPB or its contractors;
- j. submit any proposed **outcomes evaluation** studies involving prevention interventions funded by SAPB, even if the evaluation itself is not funded by SAPB, to the DOH institutional review board (IRB) for approval, as required by DOH policy;
- k. conform to changes in reporting requirements mandated by the STATE;
- l. collect and submit required data as mandated by SAPB; and
- m. make available HIV prevention data for audit by SAPB.

***Applicants should plan to devote a minimum of 5% of staff time to evaluation-related activities.***

#### 4. Performance measurements

Program activities must clearly explain their program logic and should be based on intervention models with proven effectiveness. Whenever possible, proposed programs should be based on programs found to be proven effective in the published literature. Program logic should link the intervention with the pertinent performance measures.

The contract based on this RFP will include performance measures operationalized as objectives for each intervention. The applicant shall propose objectives, based on retrospective program data whenever possible, for each intervention that reflect realistic goals for success for the intervention. These objectives should include both process measures (such as number of clients who complete the intended number of sessions) and outcome measures (such as number of individuals who underwent a positive change in HIV-related risk behavior during the intervention.) The contracted agency will be evaluated based on its performance on objectives during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

**All interventions will have associated objectives and the applicant must explain the intended results of all interventions in their proposal.** Measurement of objectives can be accomplished using data collections forms provided by SAPB.

#### 5. Experience

Not applicable

#### 6. Coordination of services

The provider shall be required to coordinate services with SAPB, other SAPB contractors serving the target population(s), the SAPB CTR and Partner Notification programs, the statewide P4P Coordinator, and the SAPB Hepatitis C Coordinator.

#### 7. Reporting requirements for program and fiscal data

Applicant shall be required to:

- a. provide the State with written program and budget reports within thirty (30) days after the end of each quarter. These reports shall consist of:
  - (1) a **budget report** indicating expenses incurred;
  - (2) a **table** indicating the provider's quarterly and year-to-date

- progress on contract objectives;
- (3) **client-level data** for all clients in HIV prevention interventions will be collected and submitted to the SAPB. The format for data collection and the process for submission will follow CDC and DOH guidelines. Note that aggregate data will be collected and submitted for outreach clients;
  - (4) **a narrative report**. The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised; and
  - (5) **any additional information requested** by SAPB to satisfy program monitoring requirements.
- b. report the data specified in Sections 5.a.(1)-(5) to the State using the **internet-based Program Evaluation and Monitoring System (PEMS)** as required by SAPB.
  - c. provide the State with an **annual or final written report** within thirty (30) days after the end of the fiscal year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. An annual report is required at the end of each fiscal year of an ongoing contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period. Final and annual reports are required in addition to quarterly reports; at the end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

## 8. Pricing structure or pricing methodology to be used

### Pricing Structure Based on Cost Reimbursement

The cost reimbursement pricing structure reflects a purchase arrangement in which the State pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

**9. Units of service and unit rate**

Not applicable

**IV. Facilities**

Not applicable



## **Section 3**

# **Proposal Application Instructions**

## Section 3

# Proposal Application Instructions

### General instructions for completing applications:

- *Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application, the titles/subtitles, and the applicant organization and RFP identification information on the top right hand corner of each page should be retained. The instructions for each section however may be omitted.*
- *Page numbering of the Proposal Application should be consecutive, beginning with page one and continuing through for each section, including all attachments.*
- *Applicants must also include a Table of Contents with the Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *Proposals must be in a standard 12 point font, single spaced, single sided, with one inch margins.*
- *A written response is required for **each** item unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*
- *Applicants are **strongly** encouraged to review evaluation criteria in Section 4, Proposal Evaluation when completing the proposal.*
- *This form (SPO-H-200A) is available on the SPO website (for the website address see the Proposal Application Checklist in Section 5, Attachments). However, the form will not include items specific to each RFP. If using the website form, the applicant must include all items listed in this section.*

### The Proposal Application comprises the following sections:

- *Proposal Application Identification Form*
- *Table of Contents*
- *Program Overview*
- *Experience and Capability*
- *Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

### I. Program Overview

Applicant shall give a brief overview to orient evaluators as to the program/services being offered.

## **II. Experience and Capability**

### **A. Necessary Skills**

The applicant shall demonstrate that it has the necessary skills, abilities, and knowledge relating to the delivery of the proposed services.

### **B. Experience**

The applicant shall provide a description of projects/contracts pertinent to the proposed services.

### **C. Quality Assurance and Evaluation**

The applicant shall describe its own plans for quality assurance and evaluation for the proposed services, including methodology. In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities. Contractors will be required to enter and report client-level and other program data using PEMS. Significant training will be provided to CBOs, including outreach workers, in preparation for the transition to PEMS.

### **D. Coordination of Services**

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

### **E. Facilities**

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

### **III. Project Organization and Staffing**

#### **A. Staffing**

##### **1. Proposed Staffing**

The applicant shall describe the proposed staffing pattern, indicating the proposed positions and FTE of regular and contract staff. (Refer to the personnel requirements in the Service Specifications, as applicable.)

##### **2. Staff Qualifications**

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable)

#### **B. Project Organization**

##### **1. Supervision and Training**

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

##### **2. Organization Chart**

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency) Both the “Organization-wide” and “Program” organization charts shall be attached to the Proposal Application.

### **IV. Service Delivery**

Applicant shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including the following:

#### **A. SERVICE DELIVERY PLAN FORM**

Each proposed activity must be listed and categorized under the appropriate CDC intervention category using the HIV Prevention Service Delivery Plan form (*Attachment D*). All required data must be completed.

#### **B. PRIORITY POPULATION(S) TO BE SERVED**

The proposal shall include a clear, detailed description of the priority population or populations to be served including discussion of how services will focus on individuals at highest risk for contracting or transmitting HIV. If the proposed

services focus on one or more sub-populations, this must be clearly described, and the justification for the focus of the proposal must be clearly articulated.

### C. PROPOSED INTERVENTIONS

The proposal must include a clear, detailed description of the intervention activities that will be conducted. For **each activity** include as applicable:

1. a description of each activity and how it will be implemented. (For PCM, the program's proposed protocol should be discussed in the application and the protocol should be submitted as an attachment to the proposal);
2. the activity's program logic and the activity's link to an intervention model with demonstrated effectiveness;
3. the intended results of the intervention;
4. duration and frequency of activities;
5. HIV prevention-related skills that will be addressed (for ILI, GLI or PCM);
6. personnel clinical expertise, referral resources and identification of sources of clinical consultation for staff implementing PCM (for PCM);
7. the number of "core participants" (members of the focus population who plan and implement the activities) who will be involved (for CLI);
8. FTE to be devoted to the intervention;
9. how the activities will link at risk individuals who are unsure of their HIV status to CTR;
10. specific objectives. Progress on objectives will be determined using information collected by the contracted agency. The proposal must include objectives that indicate the following and should be similar in format to the examples below:
  - a. the number of clients who will be enrolled in the intervention (*e.g., by the end of the fiscal year, at least 25 MSM will enroll in the "Many Men, Many Voices" GLI*).
  - b. the number of clients who will complete the intervention (for multiple sessions interventions such as ILI, GLI, PCM) (*e.g., by the end of the fiscal year, at least 20 MSM will complete all six sessions of the "Many Men, Many Voices" GLI*); and
  - c. the percentage of clients completing the intervention who report a positive change in HIV-related risk behavior (*e.g., by the end of the fiscal year, at least 35 percent of clients completing the "Many Men, Many Voices" GLI will report a decrease in the frequency of unprotected anal/vaginal sex acts with HIV serodiscordant partners and/or the number of HIV serodiscordant partners*).

### D. INTEGRATION OF STD AND VIRAL HEPATITIS IN HIV PREVENTION SERVICES

A detailed description of the integration activities that will be implemented. Include:

1. a description of integration activities and how they will be implemented;
2. program linkages to STD and hepatitis prevention involving the priority populations; and
3. specific objectives. If applicable to the proposal, the applicant should use the objectives below for *each population to be served*, filling in “number” and “target population” to reflect the agency’s proposed goals for integration of STD and viral hepatitis into HIV prevention services. Progress on objectives will be determined using information collected by the contracted agency.  
Objective:
  - a. By the end of the fiscal year, the applicant will provide at least (number) referrals for STD and/or hepatitis services to (target population).

## V. Financial

### A. Pricing Structure

Applicant shall submit a cost proposal utilizing the pricing structure designated by the state purchasing agency. The cost proposal shall be attached to the Proposal Application.

All budget forms, instructions and samples are located on the SPO website (see the Proposal Application Checklist in Section 5 for website address). The following budget forms shall be submitted with the Proposal Application:

SPO-H-205	Budget*
SPO-H-206A	Budget Justification - Personnel - Salaries & Wages
SPO-H-206B	Budget Justification - Personnel: Payroll Taxes, Assessments & Fringe Benefits
SPO-H-206C	Budget Justification - Travel-Inter-Island
SPO-H-206E	Budget Justification - Contractual Services-Administrative
SPO-H-206F	Budget Justification - Contractual Services-Subcontracts
SPO-H-206G	Budget Justification – Depreciation
SPO-H-206H	Budget Justification - Program Activities
SPO-H-206I	Budget Justification - Equipment Purchases

Neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

#### \*SPECIAL BUDGET INSTRUCTIONS:

On Budget Form SPO-H-205, the applicant shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment E: “Sample: Form SPO-H-205”*):

- a. column “a” showing the total budget request. For each line, the figure in column “a” must be the sum the figures in the other columns.
- b. column “b” showing all proposed *direct program costs* funded under this

- RFP;
- c. column “c” showing all proposed *administrative costs* funded under this RFP; and
  - d. additional column(s) showing any proposed expenditures under this RFP that cannot be categorized in columns “b” or “c”.

For purposes of this RFP, “direct program costs” include wages and benefits of employees who directly provide services to clients, costs related to contractually required training and attendance at meetings for these employees, and the cost of materials and supplies used to provide contract services directly to clients. “Administrative costs” include depreciation, lease or rental of space or equipment, the costs of operating and maintaining facilities (including insurance, utilities, telecommunications, etc.) and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting.

The applicant must also include a detailed, line by line narrative justification for all budget items proposed under this RFP. The justification must give a breakdown for each line item and demonstrate the bases on which costs were calculated (see *Attachment F: “Sample Narrative Budget Justification”*).

## **B. Other Financial Related Materials**

### **1. Accounting System**

In order to determine the adequacy of the applicant’s accounting system as described under the administrative rules, the following documents are requested as part of the Proposal Application (may be attached):

- A copy of the Applicant’s most recent financial audit.

## **VI. Other**

### **A. Litigation**

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgment. If applicable, please explain.

# **Section 4**

## **Proposal Evaluation**



## Section 4

### Proposal Evaluation

#### I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

#### II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- Phase 1 - Evaluation of Proposal Requirements
- Phase 2 - Evaluation of Proposal Application
- Phase 3 - Recommendation for Award

#### Evaluation Categories and Thresholds

##### Evaluation Categories

##### Possible Points

##### *Administrative Requirements*

##### *Proposal Application*

Program Overview	0 points
Experience and Capability	20 points
Project Organization and Staffing	15 points
Service Delivery	55 points
Financial	10 Points

**100 Points**

**TOTAL POSSIBLE POINTS**

**100 Points**

### III. Evaluation Criteria

#### A. Phase 1 - Evaluation of Proposal Requirements

##### 1. Administrative Requirements

- Application Checklist
- Registration (if not pre-registered with the State Procurement Office)
- Certifications

##### 2. Proposal Application Requirements

- Proposal Application Identification Form (Form SPO-H-200)
- Table of Contents
- Program Overview
- Experience and Capability
- Project Organization and Staffing
- Service Delivery
- Financial (All required forms and documents)
- Program Specific Requirements (as applicable)

#### B. Phase 2 - Evaluation of Proposal Application (100 Points)

***Program Overview:*** No points are assigned to Program Overview. The intent is to give the applicant an opportunity orient evaluators as to the service(s) being offered.

##### 1. *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- a. Necessary Skills
  - Demonstrated skills, abilities, and knowledge relating to the delivery of the proposed services.
- b. Experience
  - Experience delivering similar services.
  - Quality of performance on previous contracts with the state purchasing agency (if any).
- c. Quality Assurance and Evaluation
  - Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- d. Coordination of Services
  - Demonstrated capability to coordinate services with other agencies and resources in the community.

- e. Facilities
  - Adequacy of facilities relative to the proposed services.

## **2. *Project Organization and Staffing (15 Points)***

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- a. Staffing
  - Proposed Staffing: That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
  - Staff Qualifications: Minimum qualifications (including experience) for staff assigned to the program.
- b. Project Organization
  - Supervision and Training: Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
  - Organization Chart: Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks.

## **3. *Service Delivery (55 Points)***

The State will evaluate the applicant's approach to the service activities and management requirements outlined in the Proposal Application, including:

- Logic of the work plan for the major service activities and tasks to be completed.
- Clarity in work assignments and responsibilities.
- Clarity and detail of planned activities.
- Extent to which activities are based on models with evidence of effectiveness.
- Extent to which proposed objectives are reasonable and based of past performance of the applicant or other providers.
- Extent to which the proposed objectives represent a realistically maximal level of service provision to achieve the goals of this RFP, given the capacity, time and resources available.
- Realism of the timelines and schedules, as applicable.

## **4. *Financial (10 Points)***

- Personnel costs are reasonable and comparable to positions in the community.
- Non-personnel costs are reasonable and adequately justified.

- The budget fully supports the scope of service and requirements of the Request for Proposal.
- The Narrative Budget Justification adequately explains the basis for all costs and adequately justifies all costs.
- Administrative costs represent a reasonable and modest proportion of total costs.
- Adequacy of accounting system.

**C. Phase 3 - Recommendation for Award**

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

# **Section 5**

## **Attachments**

- A. Proposal Application Checklist
- B. Sample Table of Contents
- C. Definitions and Abbreviations
- D. Service Delivery Plan Form
- E. Sample Form SPO-H-205
- F. Sample Narrative Budget Justification
- G. CPG Critical Interventions by Priority Population

## Proposal Application Checklist

Applicant: \_\_\_\_\_

RFP No.: \_\_\_\_\_

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the Proposal Application. \*SPO-H forms are located on the web at <http://www.spo.hawaii.gov> Click *Procurement of Health and Human Services* and *For Private Providers*.\*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<b>General:</b>				
Proposal Application Identification Form (SPO-H-200)	Section 1, RFP	SPO Website*	<b>X</b>	
Proposal Application Checklist	Section 1, RFP	Attachment A	<b>X</b>	
Table of Contents	Section 5, RFP	Section 5, RFP	<b>X</b>	
Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	<b>X</b>	
Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	<b>(Required if not Registered)</b>	
Tax Clearance Certificate (Form A-6)	Section 1, RFP	Dept. of Taxation Website (Link on SPO website)*		
Cost Proposal (Budget)			<b>X</b>	
SPO-H-205	Section 3, RFP	SPO Website* Special Instructions are applicable, Section 5	<b>X</b>	
SPO-H-205A	Section 3, RFP	SPO Website*		
SPO-H-205B	Section 3, RFP,	SPO Website*		
SPO-H-206A	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206B	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206C	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206D	Section 3, RFP	SPO Website*		
SPO-H-206E	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206F	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206G	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206H	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206I	Section 3, RFP	SPO Website*	<b>X</b>	
SPO-H-206J	Section 3, RFP	SPO Website*		
<b>Certifications:</b>				
<i><b>Federal Certifications</b></i>		Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<b>Program Specific Requirements:</b>				
Narrative Budget Justification		Section 5, RFP	<b>X</b>	
Service Delivery Plan Form		Section 5, RFP	<b>X</b>	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

## Proposal Application Table of Contents

<b>I.</b>	<b>Program Overview.....</b>	<b>1</b>
<b>II.</b>	<b>Experience and Capability .....</b>	<b>1</b>
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	C. Quality Assurance and Evaluation.....	5
	D. Coordination of Services.....	6
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	A. Staffing.....	7
	1. Proposed Staffing.....	7
	2. Staff Qualifications .....	9
	B. Project Organization .....	10
	1. Supervision and Training.....	10
	2. Organization Chart (Program & Organization-wide) (See Attachments for Organization Charts)	
<b>IV.</b>	<b>Service Delivery .....</b>	<b>12</b>
<b>V.</b>	<b>Financial.....</b>	<b>20</b>
	See Attachments for Cost Proposal	
<b>VI.</b>	<b>Litigation.....</b>	<b>20</b>
<b>VII.</b>	<b>Attachments</b>	
	A. Cost Proposal	
	SPO-H-205 Proposal Budget	
	SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	SPO-H-206C Budget Justification - Travel: Interisland	
	SPO-H-206E Budget Justification - Contractual Services – Administrative	
	B. Other Financial Related Materials	
	Financial Audit for fiscal year ended June 30, 1994	
	C. Organization Chart	
	Program	
	Organization-wide	
	D. Performance and Output Measurement Tables	
	Table A	
	Table B	
	Table C	
	E. Program Specific Requirement	

## RFP Definitions

### *Interventions:*

**Community Level Interventions** are a distinct class of programs characterized by their scope and objectives. Community level interventions are designed to reach a defined community rather than an individual. “Community” in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests. The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. Community level interventions involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention.

**Group-level Interventions** aim to change individuals’ behaviors through risk reduction interactions in group settings. In group level interventions interaction takes place not only between individual participants and the health educator, but also *among* participants. Like individual level interventions, group level interventions include a skills building component. Because of the interactive nature of these groups and the sharing involved, successful groups are often made up of individuals who are members of the same community and who face similar HIV prevention issues. Group level interventions may use peer and non-peer models involving a wide range of skills, information, and support. Group level interventions do not include single session education presentations or lectures. Those activities are considered Health Communication/Public Information.

**Health Communication/Public Information** involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support of safe behavior, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. While public information often includes activities directed to the general public, priority should be given to efforts directed at hard-to-reach members of the focus population and subgroups covered by this RFP. Health communication/public information activities include print media (fliers, brochures, newspaper, posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures.

**HIV Counseling, Testing and Referral** supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test



counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

**Individual-Level Interventions**<sup>1</sup> aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. ILI is a multiple sessions intervention with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her HIV transmission or infection risk. The intervention must include activities to build appropriate skills the client can use in reducing their risk. These interventions may be peer or non-peer based, and involve a wide range of activities, including skills building, information, and support, but focus directly on changing HIV risk-related behaviors. Individual-level interventions may occur in an outreach or institutional (school, office, workplace, etc.) setting. Individual-level interventions also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

**Outreach**<sup>1</sup> interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. Outreach usually involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccinations and treatment, and to PHIP services. Outreach is also a term used to describe a method of delivering interventions such as ILI, CTR and PCM, in which case it refers to the location and context in which the intervention takes place, not the type of intervention.

**Prevention Case Management** is a more intensive intervention than ILI for individuals with multiple, complex problems that create barriers to reducing risk for transmitting or contracting HIV. PCM is a hybrid of HIV risk reduction counseling and traditional case management that provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health

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<sup>1</sup>**Outreach vs. Individual-Level Interventions:** Both outreach and ILI involved one-on-one contact, and since ILI are often provided in outreach settings, these are sometimes confused. Not all one-on-one outreach contacts are individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an individual-level intervention. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an individual-level intervention when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, ILIs, unlike outreach, are intended to be multiple session interventions.

counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of PCM must be to reducing HIV risk. PCM is a multiple sessions intervention, with sessions lasting at least 30 minutes.

### ***Goals, Objectives and Evaluation:***

**Evaluation** is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish—the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is “to decrease the transmission of HIV infection among MSM in Hawai’i.”

**Objectives** are statements of what a program will do or achieve in order to reach the program’s overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe a **process**, or an **outcome** of a program:

**Process Objectives** state what activities will be *conducted by program staff* in order to accomplish one or more of the program’s outcome objectives. Each process objective must be accompanied by process evaluation activities.

**Outcome<sup>2</sup> Objectives** are the intended results of a program. Outcome objectives are phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Most outcome objectives specify a change in what members of the target population do or express after program participation. These changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program’s stated goal.

**Process Monitoring** collects data describing the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: “*What services were delivered?*” and “*What population was served*” and “*What resources were used?*”

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<sup>2</sup>**Outcomes and Impacts:** *The terms “outcome” and “impact” are often used interchangeably or with opposite meanings. We will use “outcome” to refer to the immediate results of an intervention, and “impact” as the longer range results. Outcomes are the result of your intervention, while impacts are likely to be the results of many factors and not just a single intervention. Impacts in HIV prevention are often expressed as changes in the number of new HIV infections.*

**Process Evaluation** examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions “*Was the intervention implemented as intended?*” and “*Did the intervention reach the intended audience?*” and “*What barriers did clients experience in accessing the intervention?*” Process evaluation activities should measure, at a minimum, progress on specific process objectives as well as how that information is being used for program improvement.

**Outcomes Monitoring** measures changes in clients’ knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a “comparison group” of individuals who do not participate in the intervention so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: “*Did the expected outcomes occur?*” Outcomes monitoring activities should measure, at a minimum, progress on specific outcomes objectives and how that information is being used for program improvement.

**Outcomes<sup>2</sup> Evaluation** measures changes in clients’ knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of individuals who do not participate in the intervention. The inclusion of a “comparison” group means that client changes can be attributed to the intervention. Outcomes evaluation answers: “*Did the intervention cause the expected outcomes?*”

## ***Primary HIV Prevention***

**Primary prevention** activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

These definitions are drawn from a number of sources, including: “Evaluating CDC-funded Health Department HIV Prevention Programs,” August 2001; “CDC Announcement 99004: HIV Prevention Projects;” “Program Evaluation: A One Day Overview” course manual, San Francisco STD/HIV Prevention Training Center, 11/4/96, and “Using Evaluation for Program Improvement and Capacity Building,” participant notebook, CDC/ORC Macro Training, Berkeley, CA, 3/25/02-3/26/02.

## **RFP ABBREVIATIONS**

ADA	Americans with Disabilities Act
AEQ	AIDS Educators Quarterly Meeting
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of individuals representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention.
CTR	counseling, testing and referral
DOH	Hawai`i Department of Health
FTE	full-time equivalent; one or more individuals working a cumulative total of 40 hours each week.
Gay MAP	Gay Men's AIDS Prevention; the statewide outreach worker meeting for HIV prevention to MSM
GLI	group-level intervention
HIV	human immunodeficiency virus
HIV+	HIV-positive; living with HIV
IDU	injection drug user
ILI	individual-level intervention
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publically or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.
MSM/IDU	men who have sex with men AND inject drugs
P4P	Prevention for positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as

	“primary prevention for HIV infected persons” (PHIP)
PCM	prevention case management
PCRS	partner counseling and referral services
PHIP	Primary prevention for HIV infected persons. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as “prevention for positives” (P4P)
The Plan	The Comprehensive HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts. In this document, the CPG prioritizes the HIV prevention services to be provided and to whom they are to be provided.
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.
SAPB	STD/AIDS Prevention Branch of the Hawai`i Department of Health
STD	sexually transmitted disease
T-CAC	the statewide outreach worker meeting for HIV prevention to TG
TG	Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.
WAC	the statewide outreach worker meeting for HIV prevention to women at risk

**SERVICE DELIVERY PLANS: 7/01/05-6/30/06**

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**CTR, ILI, GLI, PCM, HC/PI, Outreach Service Delivery Plan Form**

Fill in the boxes with the corresponding information for each risk population for each proposed intervention. An example is provided in the worksheet below.  
An empty worksheet is provided on the next two pages, followed by a description of each column.

<b>Type of Intervention</b>	<b>Intervention Name</b>	<b>Intervention To Target HIV Positive Individuals? (Yes/No)</b>	<b>Risk Population</b>	<b>Number of Sessions Constituting a Completed Intervention</b>	<b>Number of Clients/Contacts Served with DOH Funds</b>	<b>Percent DOH Contribution to Total Intervention Cost</b>
Outreach	PSE Outreach to TG at Risk	No	TG at Risk	n/a	200	50%
ILI	P4P	Yes	MSM	3	15	100%
ILI	P4P	Yes	Women at Risk	3	15	100%
CTR	MSM CTR	No	MSM	n/a	50	75%
PCM	MSM/IDU PCM	No	MSM/IDU	variable	4	100%

**SERVICE DELIVERY PLANS: 7/01/05-6/30/06**

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**CTR, ILI, GLI, PCM, HC/PI, Outreach Service Deliver Plan Form**

Fill in the boxes with the corresponding information for each risk population for each proposed intervention.

Type of Intervention	Intervention Name	Intervention To Target HIV Positive Individuals? (Yes/No)	Risk Population	Number of Sessions Constituting a Completed Intervention	Number of Clients/Contacts Served with DOH Funds	Percent DOH Contribution to Total Intervention Cost

[illegible]



### **Column Descriptions**

**Type of Intervention:** This column refers to the type of intervention proposed by the contracted agency, such as HIV counseling, testing and referral (CTR), individual-level interventions (ILI), prevention case management (PCM), and outreach.

**Intervention Name:** This column refers to the name of the intervention and may be as simple as “MSM ILI” or “P4P ILI” or may be a more specific name related to the behavioral intervention selected (such as Mpowerment) or it could be a name given to the program by the agency.

**Intervention to Target HIV Positive Individuals? (Yes/No):** This question refers only to whether the intervention specifically targets HIV positive individuals (such as the P4P program). Programs that may reach HIV positive individuals, but do not specifically target them as a program goal, would answer no to this question.

**Risk Population:** This question refers to the six priority populations identified by the Hawaii Community Planning Group and funded by the Hawaii Department of Health. They include, in order of prioritization, HIV+ individuals, MSM/IDU, MSM, IDU, TG at risk, and women at risk.

**Number of Sessions Constituting a Completed Intervention:** This column refers to the number of sessions required to complete an intervention with a client. An agency must specify the number of sessions required for a client to complete an ILI in its contract with DOH. For PCM, the agency may determine upon completion of a risk assessment at intake, how many sessions is required for that client to reach his or her risk reduction goals.

**Percent DOH Contribution to Total Intervention Cost:** This column refers to the percent that DOH funds are expected to contribute to total costs to provide the intervention to a specific risk population. For example, if an agency is receiving funding for CTR to MSM from multiple sources, DOH needs to know not only how many MSM clients are being tested using DOH funds, it needs to know what percentage of total funding that represents (e.g., DOH dollars account for 80% of an agency’s funding for CTR for MSM).

# BUDGET

(Period \_\_\_\_\_ to \_\_\_\_\_)

Applicant/Provider: \_\_\_\_\_

RFP No.: \_\_\_\_\_

Contract No. (As Applicable): \_\_\_\_\_

BUDGET CATEGORIES	Budget Request (a)	Service Costs (b)	Adminstrative Costs (c)	(d)
<b>A. PERSONNEL COST</b>				
1. Salaries	70,000	65,100	4,900	
2. Payroll Taxes & Assessments	8,644	8,039	605	
3. Fringe Benefits	7,000	6,510	490	
<b>TOTAL PERSONNEL COST</b>	<b>85,644</b>	<b>79,649</b>	<b>5,995</b>	
<b>B. OTHER CURRENT EXPENSES</b>				
1. Airfare, Inter-Island	3,640	3,640	0	
2. Airfare, Out-of-State	0	0	0	
3. Audit Services	0	0	0	
4. Contractual Services - Administrative	350	0	350	
5. Contractual Services - Subcontracts	0	0	0	
6. Insurance	500	0	500	
7. Lease/Rental of Equipment	1,200	0	1,200	
8. Lease/Rental of Motor Vehicle	0	0	0	
9. Lease/Rental of Space	5,000	0	5,000	
10. Mileage	1,000	1,000	0	
11. Postage, Freight & Delivery	100	0	100	
12. Publication & Printing	0	0	0	
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies	1,233	980	253	
17. Telecommunication	700	0	700	
18. Transportation	358	358	0	
19. Utilities	275	0	275	
20.				
21.				
22.				
23.				
<b>TOTAL OTHER CURRENT EXPENSES</b>	<b>14,356</b>	<b>5,978</b>	<b>8,378</b>	
<b>C. EQUIPMENT PURCHASES</b>				
<b>D. MOTOR VEHICLE PURCHASES</b>				
<b>TOTAL (A+B+C+D)</b>	<b>100,000</b>	<b>85,627</b>	<b>14,373</b>	
<b>SOURCES OF FUNDING</b>		Budget Prepared By:		
(a) Budget Request	100,000	Name (Please type or print) _____ Phone _____		
(b)		Signature of Authorized Official _____ Date _____		
(c)		Name and Title (Please type or print) _____		
(d)				
<b>TOTAL REVENUE</b>	<b>100,000</b>	For State Agency Use Only		
		Signature of Reviewer _____ Date _____		

## **SAMPLE: NARRATIVE BUDGET JUSTIFICATION**

### **2005 HIV Prevention Budget and Justification**

#### **I. PERSONNEL**

**\$502,500**

Request includes 16 previously funded positions.

- A. Disease Intervention Specialists (DIS) \$265,200  
8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4),  
(Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O`ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai'i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides of the island -- Hilo and Kona; and one half-time position for the island of Kaua'i.

- B. Clerk Stenographer 0.50 FTE

**\$11,500**

(Employee 10)

This position is under the DOH and will be housed on O`ahu. 50% of the position is charged to this budget. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

- C. Public Health Educator IV \$138,700  
4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O`ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

<b>II.</b>	<b>FRINGE BENEFITS</b>	27.17% x \$502,50	<b>\$136,529</b>
	<b>TOTAL PERSONNEL COSTS</b>		<b>\$639,029</b>

<b>III.</b>	<b>TRAVEL</b>		<b>\$44,880</b>
-------------	---------------	--	-----------------

- |    |                        |          |
|----|------------------------|----------|
| A. | In-state Travel        | \$18,100 |
| 1. | Interisland Travel     | \$15,700 |
| a. | Counseling and Testing | \$2,530  |

This amount is necessary for the four neighbor island disease intervention specialists to travel to O`ahu for the annual staff meeting and training. The costs of the meetings include \$300 (\$74 per person x 4 people) air fare; per diem costs of \$160 (\$40 per day

x 4 people); car rental costs of \$40; and airport parking fees of \$40 (\$10 per day x 4 people).

Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include \$150 (\$74 per person X 2 trips) airfare; per diem costs of \$720 (\$80 per day X 9 days); car rental costs of \$360 (\$40 per day X 9 days); and airport parking fees of \$100 (\$10 per day X 10 days).

b. Community Planning \$13,170

This amount is necessary for the neighbor island community planning group representatives to travel to O`ahu to attend Community Planning Group (CPG) and CPG committee meetings. The costs of the meetings include \$6,660 (\$74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O`ahu for a total of 45 meetings.

2. Mileage \$2,400

Travel costs are also necessary for the 4 public health educators on O`ahu for use of their personal car for travel to various AIDS prevention activities. The estimated cost is \$2,400 (\$50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is \$200 (\$17 per month X 12 months).

#### IV. SUPPLIES \$94,000

A. ELISA Kits (serum) \$50,400  
\$3.00 per test X 16,800

This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is \$50,400. (16,800 tests X \$3.00/test)

B. Reagents and Laboratory Supplies \$5,500  
(\$25 per test X 220 tests)

This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

C. Other Counseling and Testing Supplies \$17,500

1. Laboratory Forms \$8,250

11,000 forms X \$.75 per form

2. Paper Supplies and Printing Costs \$1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies \$8,250

This amount is necessary to purchase vacutainers, needles, needle holders, band-aids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at \$0.75 per patient.

D. HIV Antibody Counseling and Testing Supplies (oral) \$13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits  
1,620 tests X \$4.00 per test = \$6,480

OraSure oral specimen  
collection device 1,350 X \$3.60 = \$4,860

Reagents and other  
laboratory supplies \$2,060

E.	Educational Supplies	\$7,200
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Educational supplies such as pamphlets are an integral part of the AIDS health education program. The pamphlets are distributed to Hawai'i residents on all islands.

20,000 pamphlets @ \$0.36	\$7,200
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SAMPLE

## **Interventions Identified in the Plan as Critical by Priority Population**

- 1. Priority Population: HIV Infected Persons**
  - \$ HIV Counseling, Testing & Referral;
  - \$ Individual-level Interventions; and
  - \$ HIV Prevention Case Management.
- 2. Priority Population: Men who have Sex with Men and Inject Drugs (MSM/IDU)**
  - Syringe Exchange;
  - HIV Counseling, Testing & Referral;
  - Outreach;
  - Individual-level Interventions; and
  - HIV Prevention Case Management.
- 3. Priority Population: Men who have Sex with Men (MSM)**
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions (O`ahu only)
- 4. Priority Population: Injecting Drug Users (IDU)**
  - Syringe Exchange;
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions.
- 5. Priority Population: Transgender at risk (TG)**
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions.
- 6. Priority Population: Women at risk**
  - HIV Counseling, Testing & Referral;
  - Outreach; and
  - Individual-level Interventions.